

treatment for various chronic pain conditions. The purpose of our study is to review the clinical and social benefits of a pain management programme in Hong Kong.

Methods: This was a prospective cohort study. 158 patients with chronic non-cancer pain and prolonged (mean, 46 months) psychosocial disability who joined the Comprehensive Outpatient Pain Engagement programme between 2002 and 2012 in Alice Ho Miu Ling Nethersole Hospital. A structured 6-week outpatient pain rehabilitation programme designed with cognitive behavioural approach to improve function and reduce disability, regardless of the cause or severity of pain. Social outcomes included return-to-work rate, hospital admissions, and outpatient visits. Physical outcomes included tolerance to sitting and standing. Psychological constructs such as mood, catastrophisation, self-efficacy, quality of life, and perceived performances were used. Each measure was taken before and 1 year after the programme.

Results: There was significant increase in return to work 1 year after commencement of the programme (35% after vs. 17% before the programme; odds ratio=3.01), reduction in medical utilisation, and improvement in all physical and psychological measures. Pain intensity, psychological distress, and history of work-related injuries were not related to the likelihood of return to work. Shorter duration of pain and higher physical functioning score in 36-Item Short-Form Health Survey were prognostic indicators.

Conclusion: Patients with chronic pain who joined the Comprehensive Outpatient Pain Engagement programme showed significant functional improvement despite the long history of pain.

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Clinical transition for adolescents with developmental disabilities in Hong Kong: A pilot study

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Background and purpose: More children with developmental disabilities (DD) have reached their adulthood and transit from the paediatric to adult health services after 18 years of age. Information about clinical transition is limited and fragmented in Hong Kong. There is only one local study in this area on adolescents with chronic medical diseases but none on adolescents with DD. This study was designed to understand the needs and concerns of adolescents with DD and their care-givers when transiting from the paediatric to adult health services in Hong Kong.

Methods: A convenience sample of 22 parents and 13 adolescents recruited from two special schools was interviewed using a semi-structured questionnaire.

Results: Most of the study parents and adolescents were unwilling to transit from the paediatric to adult medical services. The main themes of the underlying reasons were unwilling to changes and discontentment towards the adult medical service. The participants also urged for a structured clinical transition service to support them during this challenging time.

Conclusion: This study was the first study in Hong Kong to understand the needs and concerns of adolescents with DD and their families during clinical transition. There is an urge for a structured clinical transition service in Hong Kong. The present findings have provided some insights for future studies in this area.

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Self-perceived competency of entry level physiotherapists in Hong Kong

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Background and purpose: Standards for entry-level physiotherapy knowledge, skills, and attributes have been well established and are assessed via self-administered competency checklists in many western countries. Such tools aim to promote students' self-awareness of knowledge gaps and provide insights on continuous learning. They may also help to improve curriculum design. To date, no such tool is available in any Asian countries. The purposes of this project were to: (1) formulate a self-perceived competency checklist for entry-level physiotherapists in Hong Kong; and (2)

preliminarily assess the self-perceived competency level of physiotherapy graduates.

Methods: An expert panel consisted of four faculty staff from the Hong Kong Polytechnic University and six clinicians specialize in musculoskeletal, cardiopulmonary, neurological, and pediatric physiotherapy was formed. A checklist with 77 items was developed by the panel. For each item, respondents have to rate their perceived competency level as "quite competent", "competent", "very competent" or "I am not sure". The competency checklist was distributed to the graduates in May 2014 to assess their self-perceived competency level.

Results: Fifty-two out of 58 graduates completed the checklist. Most of them found this checklist useful for identifying their 'weak' areas. Overall, 92.7% of respondents perceived themselves as competent entry level physiotherapists. Nevertheless, five areas (out of 77 areas) were perceived as consistently weak across respondents. The result may indicate a need for curriculum improvement.

Conclusion: A competency checklist for entry level physiotherapist in Hong Kong is established. Generally, the graduates in Hong Kong perceived themselves as competent entry level physiotherapists.

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Development of the Hong Kong Chinese Örebro Musculoskeletal Pain Screening Questionnaire Short Form

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Background and purpose: The Örebro Musculoskeletal Pain Screening Questionnaire (ÖMPSQ) is a validated 21-item instrument to identify patients with musculoskeletal disorders at risk of developing chronicity and disability. This instrument is critiqued for practicality and a shortened-version is recommended to reduce the burden on patients, clinicians and researchers. A 10-item short form of ÖMPSQ (ÖMPSQ-10) was developed recently by the original authors. This study aimed to develop a Chinese version of the ÖMPSQ-10.

Methods: This study was part of a main study to develop a Chinese version of ÖMPSQ (CÖMPSQ-HK). The Chinese ÖMPSQ (CÖMPSQ-HK10) was constructed by taking reference to the ÖMPSQ-10. It was tested against the full version using receiver operating characteristic (ROC) curve analyses to ensure that measurement properties were comparable.

Results: A total of 305 back patients and 160 neck patients were recruited and followed-up for 1 year, with about 30% of patients lost to follow-up. Data for the shortened version were extracted from the full version completed by the participants. The internal consistency was satisfactory. There was excellent correlation between CÖMPSQ-HK10 and CÖMPSQ-HK. The areas under the curve of ROC curve analyses were similar for CÖMPSQ-HK10 and CÖMPSQ-HK in predicting return-to-work and long sick leave (longer than 60 days) at 6 months and 1 year for back patients and neck patients respectively.

Conclusion: The CÖMPSQ-HK10 demonstrated suitable internal consistency and good predictive validity in predicting return-to-work.

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Stability in children with cerebral palsy

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Background and purpose: The therapeutic use of horseback riding has been acknowledged and is used as part of physiotherapy treatment for children